

020304  
18351 U.S. PTO

PTO/SB/05 (08-03)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | <b>Attorney Docket No.</b> | 06005/39058B                             |
|  | <b>First Inventor</b>      | Douglas P. Gethmann                      |
|  | <b>Title</b>               | CONTROL VALVE POSITIONER MOUNTING SYSTEM |
| <b>Express Mail Label No.</b>  |                            | EV233438205US                            |

|   |   |
|---|---|
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents. | <b>ADDRESS TO:</b><br>MS Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |
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|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)   | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  |
| 2. <input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.   | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 12]<br>(preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the invention</li><li>- Brief Summary of the invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> | a. <input type="checkbox"/> Computer Readable Form (CRF)   |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5]  | b. Specification Sequence Listing on: <ul style="list-style-type: none"><li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li>ii. <input type="checkbox"/> Paper</li></ul> |
| 5. Oath or Declaration [Total Sheets 3] <ul style="list-style-type: none"><li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li><li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 18 completed)</li><li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul>  | c. <input type="checkbox"/> Statements verifying identity of above copies  |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  |

|  |   |
|--|---|
| <b>ACCOMPANYING APPLICATION PARTS</b>  |   |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |   |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)  | <input checked="" type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |   |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449   | <input type="checkbox"/> Copies of IDS Citations      |
| 13. <input type="checkbox"/> Preliminary Amendment   |   |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                                  |   |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |   |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent. |   |
| 17. <input type="checkbox"/> Other:  |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_

**For CONTINUATION OR DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

|  |   |  |                |          |                |
|--|---|--|----------------|----------|----------------|
| <b>19. CORRESPONDENCE ADDRESS</b>                          |   |  |                |          |                |
| <input checked="" type="checkbox"/> Customer Number: 04743 |   | OR <input type="checkbox"/> Correspondence address below |                |          |                |
| Name   | MARSHALL, GERSTEIN & BORUN LLP<br>Matthew D. Fair |  |                |          |                |
| Address  | 233 S. Wacker Drive<br>6300 Sears Tower           |  |                |          |                |
| City   | Chicago   | State  | IL             | Zip Code | 60606-6357     |
| Country  | US  | Telephone  | (312) 474-6300 | Fax      | (312) 474-0448 |

|                   |                 |                                   |                  |
|-------------------|-----------------|-----------------------------------|------------------|
| Name (Print/Type) | Matthew D. Fair | Registration No. (Attorney/Agent) | 51,662           |
| Signature         | Matthew D. Fair | Date                              | February 3, 2004 |

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|--|--|
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV233438205US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. |  |
| Dated: February 3, 2004  | Signature: Richard Zimmermann (Richard Zimmermann) |

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|   |  |                          |              |
|---|--|--------------------------|--------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p> |  | <b>Complete if Known</b> |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  | Application Number       |              |
|   |  | Not Yet Available        |              |
|   |  | Filing Date              |              |
|   |  | February 3, 2004         |              |
|   |  | First Named Inventor     |              |
|   |  | Douglas P. Gethmann      |              |
|   |  | Examiner Name            |              |
|   |  | Not Yet Available        |              |
|   |  | Group Art Unit           |              |
|   |  | Not Yet Available        |              |
| TOTAL AMOUNT OF PAYMENT   |  | (\$)                     | 864.00       |
|   |  | Attorney Docket No.      | 06005/39058B |

| <b>METHOD OF PAYMENT (check all that apply)</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input type="checkbox"/> Deposit Account<br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">13-2855</span><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Marshall, Gerstein &amp; Borun, LLP</span><br>The Commissioner is hereby authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |          | <b>FEE CALCULATION (continued)</b> |          |  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
|---|----------|------------------------------------|----------|--|--------------------------|-----------------|----------|----------|----------|----------|----------|------|-----|------|--------------|--------------------|----------|------|-----|-------|-------|--------------------|---|--------|-----|------|-------|------------------|--------------------|------|-----|------|-----|--------------------|--|--------------|-----|--------------|----|------------------------|----------|---------------------|----------|----------|----------|------|--------------------|---|---|------------------------|--|--------------|----|-----------------|----------|-----------------------------------|----------|----------|----------|------|-----|---------------------------------------|----|-------------------------------------|----|------|----|--|----|--|----|------|-----|--|-----|---------------------------|--|------|-------|------|-------------------|--|--|------|------|------|------|--|--|------|--------|------|--------|---|--|------|-----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-------|------|-----|---|--|------|-------|------|-----|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|-------|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--------------------------|--|--|--|--|--|-------|
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>375</td> <td>Utility filing fee</td> <td>770.00</td> </tr> <tr> <td>1002</td> <td>335</td> <td>2002</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td><b>(\$)</b> 770.00</td> </tr> </tbody> </table>  |          | Large Entity                       |          | Small Entity   |                          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 1001 | 770 | 2001 | 375          | Utility filing fee | 770.00   | 1002 | 335 | 2002  | 165   | Design filing fee  |   | 1003   | 520 | 2003 | 260   | Plant filing fee |                    | 1004 | 750 | 2004 | 375 | Reissue filing fee |  | 1005         | 160 | 2005         | 80 | Provisional filing fee |          | <b>SUBTOTAL (1)</b> |          |          |          |      | <b>(\$)</b> 770.00 | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>410</td> <td>2252</td> <td>205</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>930</td> <td>2253</td> <td>465</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,450</td> <td>2254</td> <td>725</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>1,970</td> <td>2255</td> <td>985</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>320</td> <td>2401</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>320</td> <td>2402</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>280</td> <td>2403</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1,300</td> <td>2453</td> <td>650</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>1501</td> <td>1,300</td> <td>2501</td> <td>650</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>470</td> <td>2502</td> <td>235</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1503</td> <td>630</td> <td>2503</td> <td>315</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40.00</td> </tr> <tr> <td>1809</td> <td>750</td> <td>2809</td> <td>375</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>1810</td> <td>750</td> <td>2810</td> <td>375</td> <td>For each additional invention to be examined (37CFR 1.129(b))</td> <td></td> </tr> <tr> <td>1801</td> <td>750</td> <td>2801</td> <td>375</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="6">Other fee (specify) _____</td> </tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td><b>SUBTOTAL (3)</b> (\$)</td> </tr> <tr> <td colspan="5"></td> <td>40.00</td> </tr> </tbody> </table> |   | Large Entity           |  | Small Entity |    | Fee Description | Fee Paid | Fee Code                          | Fee (\$) | Fee Code | Fee (\$) | 1051 | 130 | 2051                                  | 65 | Surcharge - late filing fee or oath |    | 1052 | 50 | 2052   | 25 | Surcharge - late provisional filing fee or cover sheet |    | 1053 | 130 | 1053   | 130 | Non-English specification |  | 1812 | 2,520 | 1812 | 2,520             | For filing a request for <i>ex parte</i> reexamination |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  | 1252 | 410 | 2252 | 205 | Extension for reply within second month |  | 1253 | 930 | 2253 | 465 | Extension for reply within third month |  | 1254 | 1,450 | 2254 | 725 | Extension for reply within fourth month |  | 1255 | 1,970 | 2255 | 985 | Extension for reply within fifth month |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | <b>SUBTOTAL (3)</b> (\$) |  |  |  |  |  | 40.00 |
| Large Entity  |          | Small Entity                       |          | Fee Description  | Fee Paid                 |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Fee Code  | Fee (\$) | Fee Code                           | Fee (\$) |  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1001  | 770      | 2001                               | 375      | Utility filing fee   | 770.00                   |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1002  | 335      | 2002                               | 165      | Design filing fee  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1003  | 520      | 2003                               | 260      | Plant filing fee   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1004  | 750      | 2004                               | 375      | Reissue filing fee   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1005  | 160      | 2005                               | 80       | Provisional filing fee   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| <b>SUBTOTAL (1)</b>   |          |                                    |          |  | <b>(\$)</b> 770.00       |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Large Entity  |          | Small Entity                       |          | Fee Description  | Fee Paid                 |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Fee Code  | Fee (\$) | Fee Code                           | Fee (\$) |  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1051  | 130      | 2051                               | 65       | Surcharge - late filing fee or oath  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1052  | 50       | 2052                               | 25       | Surcharge - late provisional filing fee or cover sheet                     |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1053  | 130      | 1053                               | 130      | Non-English specification  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1812  | 2,520    | 1812                               | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1804  | 920*     | 1804                               | 920*     | Requesting publication of SIR prior to Examiner action                     |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1805  | 1,840*   | 1805                               | 1,840*   | Requesting publication of SIR after Examiner action                        |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1251  | 110      | 2251                               | 55       | Extension for reply within first month                                     |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1252  | 410      | 2252                               | 205      | Extension for reply within second month                                    |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1253  | 930      | 2253                               | 465      | Extension for reply within third month                                     |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1254  | 1,450    | 2254                               | 725      | Extension for reply within fourth month                                    |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1255  | 1,970    | 2255                               | 985      | Extension for reply within fifth month                                     |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1401  | 320      | 2401                               | 160      | Notice of Appeal   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1402  | 320      | 2402                               | 160      | Filing a brief in support of an appeal                                     |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1403  | 280      | 2403                               | 140      | Request for oral hearing   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1451  | 1,510    | 1451                               | 1,510    | Petition to institute a public use proceeding                              |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1452  | 110      | 2452                               | 55       | Petition to revive - unavoidable   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1453  | 1,300    | 2453                               | 650      | Petition to revive - unintentional   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1501  | 1,300    | 2501                               | 650      | Utility issue fee (or reissue)   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1502  | 470      | 2502                               | 235      | Design issue fee   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1503  | 630      | 2503                               | 315      | Plant issue fee  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1460  | 130      | 1460                               | 130      | Petitions to the Commissioner  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1807  | 50       | 1807                               | 50       | Processing fee under 37 CFR 1.17(q)  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1806  | 180      | 1806                               | 180      | Submission of Information Disclosure Stmt                                  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 8021  | 40       | 8021                               | 40       | Recording each patent assignment per property (times number of properties) | 40.00                    |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1809  | 750      | 2809                               | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1810  | 750      | 2810                               | 375      | For each additional invention to be examined (37CFR 1.129(b))              |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1801  | 750      | 2801                               | 375      | Request for Continued Examination (RCE)                                    |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1802  | 900      | 1802                               | 900      | Request for expedited examination of a design application                  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Other fee (specify) _____   |          |                                    |          |  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| *Reduced by Basic Filing Fee Paid   |          |                                    |          |  | <b>SUBTOTAL (3)</b> (\$) |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
|   |          |                                    |          |  | 40.00                    |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>23</td> <td>- 20** =</td> <td>3</td> <td>x</td> <td>18.00</td> <td>54.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 3* =</td> <td>0</td> <td>x</td> <td>86.00</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td><b>(\$)</b> 54.00</td> </tr> </tbody> </table> <p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p> |          | Total Claims                       |          | Extra Claims   |                          | Fee from below  |          | Fee Paid |          |          |          |      |     |      | Total Claims | 23                 | - 20** = | 3    | x   | 18.00 | 54.00 | Independent Claims | 3 | - 3* = | 0   | x    | 86.00 |                  | Multiple Dependent |      |     |      |     |                    |  | Large Entity |     | Small Entity |    | Fee Description        | Fee Paid | Fee Code            | Fee (\$) | Fee Code | Fee (\$) | 1202 | 18                 | 2202  | 9 | Claims in excess of 20 |  | 1201         | 84 | 2201            | 42       | Independent claims in excess of 3 |          | 1203     | 280      | 2203 | 140 | Multiple dependent claim, if not paid |    | 1204                                | 84 | 2204 | 42 | ** Reissue independent claims over original patent |    | 1205   | 18 | 2205 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>       |  |      |       |      | <b>(\$)</b> 54.00 |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Total Claims  |          | Extra Claims                       |          | Fee from below   |                          | Fee Paid        |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
|   |          |                                    |          |  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Total Claims  | 23       | - 20** =                           | 3        | x  | 18.00                    | 54.00           |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Independent Claims  | 3        | - 3* =                             | 0        | x  | 86.00                    |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Multiple Dependent  |          |                                    |          |  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Large Entity  |          | Small Entity                       |          | Fee Description  | Fee Paid                 |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| Fee Code  | Fee (\$) | Fee Code                           | Fee (\$) |  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1202  | 18       | 2202                               | 9        | Claims in excess of 20   |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1201  | 84       | 2201                               | 42       | Independent claims in excess of 3  |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1203  | 280      | 2203                               | 140      | Multiple dependent claim, if not paid                                      |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1204  | 84       | 2204                               | 42       | ** Reissue independent claims over original patent                         |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| 1205  | 18       | 2205                               | 9        | ** Reissue claims in excess of 20 and over original patent                 |                          |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |
| <b>SUBTOTAL (2)</b>   |          |                                    |          |  | <b>(\$)</b> 54.00        |                 |          |          |          |          |          |      |     |      |              |                    |          |      |     |       |       |                    |   |        |     |      |       |                  |                    |      |     |      |     |                    |  |              |     |              |    |                        |          |                     |          |          |          |      |                    |   |   |                        |  |              |    |                 |          |                                   |          |          |          |      |     |                                       |    |                                     |    |      |    |  |    |  |    |      |     |  |     |                           |  |      |       |      |                   |  |  |      |      |      |      |  |  |      |        |      |        |   |  |      |     |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |       |      |     |   |  |      |       |      |     |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |       |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |                          |  |  |  |  |  |       |

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 233438205 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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Signature: *Richard Zimmermann* (Richard Zimmermann)